Application Data Sheet

Application Information

Application number:: Not Yet Assigned

Filing Date:: 03/24/2004

Application Type:: Regular (Continuation Application of 09/712,209)

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Sequence submission?: None

Computer Readable Form (CRF)?:: No

Title :: APPARATUS AND METHOD FOR ASSAYING

COAGULATION IN FLUID SAMPLES

Attorney Docket Number:: 215105.00608

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 9

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

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Middle Name:: A. Widrig

Family Name:: OPALSKY

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Country of Residence:: U.S.A.

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State or Province of mailing address::

Country of mailing address::

U.S.A.

Postal or Zip Code of mailing

92037

address::

Applicant Authority Type::

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Primary Citizenship Country::

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Status::

Full Capacity

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Middle Name::

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State or Prov. of Residence::

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Country of Residence::

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Country of mailing address::

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Postal or Zip Code of mailing

92037

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Country of Residence::

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City of mailing address::

Toronto

State or Province of mailing address:: Ontario

Country of mailing address::

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Postal or Zip Code of mailing

M9P329

address::

Applicant Authority Type::

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Status::

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Country of Residence::

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State or Province of mailing address:: Ontario

Country of mailing address::

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K1M 0A6

address::

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City of mailing address::

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State or Province of mailing address:: Ontario

Country of mailing address::

Canada

Postal or Zip Code of mailing

KOA 2H0

address::

Correspondence Information

Correspondence Customer Number :: 27160

Representative Information

Representative Customer Number::

27160

Domestic Priority Information

Application ::

Continuity Type::

Parent

Parent Filing Date::

Application::

This Application Non-Provisional

09/712,209

11/15/2000

09/712,209

Non-Provisional

60/164,935

11/15/1999

Foreign Priority Information

Country::

Application number::

Filing Date::

Priority Claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

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